



PATENT
Atty. Docket No. 393551

Handwritten initials and signature.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/976,210
Applicant : Victor F. Petrenko
Filed : 11 October 2001
Title : HIGH FREQUENCY MELTING OF INTERFACIAL
ICE
TC/A.U. : 3742
Examiner : VAN, QUANG T
Confirmation No. : 1402

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9/22/03
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Linda Levin

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

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Sir:

These remarks are responsive to the Office Action of June 24, 2003. Please amend the above-identified application as follows:

Remarks/Arguments begin on page 2 of this paper.



09-23-07

37.42

Atty Docket No. 393551

PATENT

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Applicant: Victor F. Petrenko
Application No. 09/976,210
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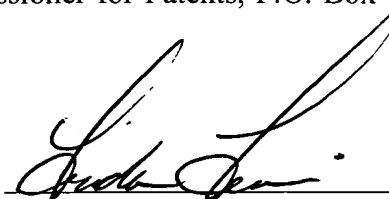
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2. Amendment in response to the Office Action mailed 6/24/2003 (7 pages);
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Linda Levin



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PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/976,210	
	Filing Date	11 October 2001	
	First Named Inventor	Victor F. Petrenko	
	Art Unit	3742	
	Examiner Name	Van, Quang T.	
Total Number of Pages in This Submission	9	Attorney Docket Number	393551

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Curtis A. Vock
Signature	
Date	9/22/03

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